

## Willoughby Hills Boys League 2014 Application & Contract

Sport: **Basketball** Grade \_\_\_\_\_

Player's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Parent(s) Contact Number(s) \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_ Male/Female \_\_\_\_\_ School \_\_\_\_\_

**I can: Coach a Team** \_\_\_\_Yes \_\_\_\_No **Help Coach** \_\_\_\_Yes \_\_\_\_No

**Shirt Size: Youth** – S M L or **Adult** - S M L

I/we, the parents of the named participant, who is a candidate for a position in the Willoughby Hills Recreation Department Basketball Program, Willoughby Hills Boys League, hereby give my/our approval to their participation in any and all activities of the League. We assume all risks and hazards incidental to the conduct of the activities and transportation to/from the activities. We do further hereby release, absolve, indemnify and hold harmless the City of Willoughby Hills, the Willoughby Hills Boys League, the organizers, sponsors, and supervisors, any or all of them. In case of injury, we hereby waive all claims against the City of Willoughby Hills, the Willoughby Hills Boys League, the organizers, sponsors or any of the supervisors appointed by them. We likewise release from responsibility any person transporting the participant to and from our activities. We will provide both a certified birth certificate of the above named player upon request from league officials.

Hospitalization: I/we as parent(s) have "Blue Cross" or an equivalent insurance to cover my/our child(ren) in case of injury.  
YES \_\_\_\_\_ NO \_\_\_\_\_

In the event that any of the above named child or any other members of our family, as participants, should be injured for any reason, we shall use our hospitalization insurance and/or pay any and all such injury and save harmless, indemnify and release the City of Willoughby Hills, the Willoughby Hills Boys League, the organizers, sponsors and supervisors.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Participation Fee: \$50.00 (\$100.00 maximum per family)

Registrations due by Monday, October 27, 2014.

**ABSOLUTELY NO LATE REGISTRATIONS WILL BE ACCEPTED!**

Make checks payable to: City of Willoughby Hills,

Mail to: Willoughby Hills Recreation, 35405 Chardon Road, Willoughby Hills, OH 44094

If you have any questions, please contact Tom Elliott at 440-749-0661  
or email [whbbldirector@gmail.com](mailto:whbbldirector@gmail.com)

Information available at [www.whblsports.com](http://www.whblsports.com)